

DIABETES

Individualized HbA_{1c} targets in elderly patients with T2DM

New findings support global guideline recommendations for individualized care in patients with type 2 diabetes mellitus (T2DM). The study by Strain *et al.* demonstrates the feasibility of setting individualized targets for glycaemic control both in the clinical and research setting.

Diabetes outcome trials such as ACCORD and ADVANCE have raised questions about the benefit of aggressive HbA_{1c} reduction in patients with T2DM. Moreover, a great number of elderly

patients with T2DM do not achieve currently recommended HbA_{1c} targets. Data on individualized treatment targets, however, are scarce.

The investigators randomly assigned drug-naïve or inadequately controlled (HbA_{1c} 7–10%) patients with T2DM aged ≥70 years from 45 European outpatient centres to 50 mg vildagliptin once or twice daily ($n = 139$) or placebo ($n = 139$) over 24 weeks. The mean investigator-defined individualized target was approximately 0.9% lower than the mean baseline HbA_{1c} level. The researchers then assessed the proportion of patients achieving their individual HbA_{1c} target and the conventional reduction in HbA_{1c} level from baseline to study end.

“We observed that basic patient education, communication about and focus on individualized target setting induced a clinically meaningful response even in the placebo group,” recalls lead investigator David Strain from University of Exeter Medical School. “Moreover, the overall discontinuation rate was

much lower than anticipated in this type of population.”

Surprisingly, despite receiving training in the setting of individual treatment targets, physicians were considerably influenced by conventional, stringent HbA_{1c} targets, “possibly as a result of local treatment guidelines,” suggests Strain. The authors stipulate that synchronization of local or national guidelines with global treatment guidelines, which recommend less aggressive glycaemic targets for elderly patients with T2DM, is needed.

“Our study demonstrates that individualized targets can be used as an end point in a clinical study, and we trust that many studies will adopt this approach,” concludes Strain.

Linda Koch

Original article Strain, W. D. *et al.* Individualised treatment targets for elderly patients with type 2 diabetes using vildagliptin add-on or lone therapy (INTERVAL): a 24 week, randomised, double-blind, placebo-controlled study. *Lancet* doi:10.1016/S0140-6736(13)60995-2

